

SCC eFile	2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	212523785				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: C. V. Starr & Co.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX RD STE 301 GLEN ALLEN, VA 23060</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: CA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 6/30/2012</p> <p>SCC ID NO: F1673880</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>20,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	20,000
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COMMON	20,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 1100 Montgomery Street 24th Floor</p> <p style="margin-left: 40px;">CITY/ST/ZIP: San Francisco, CA 94014</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: John Atherton TITLE: Senior VP ADDRESS: 101 Second Street 25th Floor CITY/ST/ZIP/CO: San Francisco, CA 94105 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: John Atherton TITLE: Senior VP ADDRESS: 101 Second Street 25th Floor CITY/ST/ZIP/CO: San Francisco, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Duane Henry Davis VP/Comptroller 101 Second Street 25th Floor San Francisco, CA 94105	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	James Dowd VICE PRESIDENT Floor, 9 399 Park Avenue New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Julie Murray ASST SECRETARY 399 Park Avenue 8th Floor New York, NY 10022	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	Richard N. Shaak DIRECTOR Floor, 9 399 Park Avenue New York, NY 10022	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ Julie Murray SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	Julie Murray, ASST SECRETARY PRINTED NAME AND CORPORATE TITLE	6/25/2012 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			